PTO/SB/81 (01-06)
Approved for use through 12/31/2008 OMB 0651-0035
Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under t	the Paperwork R	eduction Act of 1995, no perso	ns are require	ed to respon	to a collectio	n of informati	on unless it disp	plays a valid OMB or	ntrol numb
POWER OF ATTORNEY				Patent Number		7,0	7,074,909		
				Issue Date		July	July 11, 2006		
			First Named Inventor		tor Kin	Kingsman et al.			
and					1				
CORRESPONDENCE ADDRESS			Title	Antibo	dies				
INDICATION FORM			Art Unit		N/A	N/A			
				Examiner Name		N/A	N/A		
			Attorney Docket No. 31127/4		27/43657	43657			
I he	I hereby revoke all previous powers of attorney given in the above-identified application.								
I hereby appoint:									
X Practitioners associated with the Customer Number: 04743  OR Practitioner(s) named below:									
	Name		Registrat	Registration Number		Name		Registration Number	1
	Name No		Noninge	g Nd		Name	ile Nur		ł
				- 1					
1 1				- 1				1	
1 1				ı				l	1
									l
as my/c	our attorney(s)	or agent(s) to prosecute	the applier	tion ideat	Food above	and to trac	cost all busin	naas in the Heite	
Patent	and Trademar	k Office connected there	with.	ILIONI IGOIN	ieu above,	and to trai	isacı alı busi	ness in the Onite	u States
Please recognize or change the correspondence address for the above-identified application to:									
X The address associated with the above-mentioned Customer Number:									
OR									
The address associated with Customer Number:									
OR									
	m or ividual Name								
Address	T						***************************************		
	-								
City			State			Zip	-		
Country	<u> </u>		Telepho	ne		Email			
	the:								
Ľ	Applicant/Inv	entor.							
x	Assignee of	record of the entire inte	erest. See	37 CFF	3.71.				
	Statement ui	nder 37 CFR 3.73(b) is							
		SIGNATU	RE of App	licant or	Assignee o			,	
Signature Mula			Date		Date	1/57	Jone 20		
Name Peter Nolan						Telephon		(O) 1865 7830	
Title and Company   Senior Vice President of Commercial Development, Oxford BioMedica (UK) Ltd.									
NOTE: Sigr forms if mo	natures of all th re than one sig	e inventors or assignees of nature is required, see belo	f record of the	ne entire ir	erest or the	ir represent	ative(s) are re	equired. Submit m	ultiple
*Total of forms are submitted.									

system in accordance with § 1.6(a)(4).	iny paper referred to as being attached or enclosed) is be	eing transmitted via the Office electronic filing
Dated: Ac-1 15, 2008	Signature: DIa How	(David A. Gass)